



Department of Medical Assistance Services
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Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Medicaid Enrolled Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 4/4/2012

SUBJECT: Entry of Managed Care Organizations (MCOs) for the Medicaid/FAMIS Programs in Far Southwest Virginia – July 1, 2012

The purpose of this memorandum is to inform you of the entry of Managed Care Organizations (MCOs) for the Medicaid/FAMIS programs in the far Southwest area of the Commonwealth. DMAS is pleased to announce that, effective July 1, 2012, Amerigroup Community Care, Anthem HealthKeepers Inc., MajestaCare-A Health Plan of Carilion Clinic, Southern Health CareNet, Optima Family Care, and Virginia Premier Health Plan will be administering health care services to Medicaid, FAMIS, and FAMIS MOMS managed care eligible members in the following localities:

Bland	Carroll	Grayson	Russell	Tazewell
Bristol	Dickenson	Lee	Scott	Washington
Buchanan	Galax	Norton	Smyth	Wise

Managed care eligible members in the areas listed above will have a choice of six health plans offering a wide range of enhanced services. Medicaid's MCO program began on January 1, 1996, as a managed care initiative of the Virginia Medical Assistance Program. As a result of multiple expansions, the current MCO program now covers Medicaid and FAMIS populations in 119 localities across the Commonwealth. With this far Southwest expansion, the Department will operate the MCO program statewide. Expansion of the managed care program has resulted in significant health outcome achievements that are detailed in the *Virginia Managed Care Performance Report 2011*, which may be viewed at http://dmasva.dmas.virginia.gov/Content_atchs/mc/apr-f6.pdf.

INFORMATION AND TRAINING

The Department will be sponsoring regional provider and member meetings in May on the expansion. The time and place of the meetings, as well as information about the MCO programs, and planned expansion activities will be posted on the DMAS website at http://dmasva.dmas.virginia.gov/Content_pgs/mc-home.aspx.

IMPACT OF MCO EXPANSION ON PROVIDERS

MCO expansion in the far Southwest region means that the MEDALLION PCCM program will end on April 30, 2012, and will no longer be available. All Medicaid managed care eligible individuals in the

affected localities, who were formerly enrolled in the MEDALLION PCCM program, will be returned to fee-for-service Medicaid from May 1, 2012 through June 30, 2012. Effective July 1, 2012, managed care eligible individuals residing in the far Southwest region will be enrolled in one of the six MCOs.

Each MCO is responsible for the development of its provider network. Providers are strongly encouraged to contract with the participating MCOs. This will allow you to continue serving the Medicaid and FAMIS managed care population. It will be helpful to your patients to advise them of the MCOs with which you are contracting so that they may continue to be seen by your practices.

If you have not already been contacted by the MCOs, DMAS encourages providers to contact the MCOs to begin the contracting and credentialing process. Please be aware that credentialing may take up to 90 days. If you wish to contract with the MCOs, please call:

Amerigroup Community Care	1-800-231-8076 or 703-286-3792
Anthem HealthKeepers Plus offered by HealthKeepers Inc.	1-540-853-5077
Southern Health CareNet	1-866-240-4345, Ext 6739
MajestaCare-A Health Plan of Carilion Clinic	1-540-986-2402
Optima Family Care	1-804-510-7434
Virginia Premier Health Plan	1-800-727-7536, Option 6

To assist in the transition process, DMAS will be providing the MCOs with Medical Transition Reports. These reports will reflect individuals receiving certain medical services such as durable medical equipment, pregnancy services, and dialysis, among others. This information will assure that service authorizations, etc., are transferred to the MCOs without disruption.

Providers will be able to identify members enrolled in an MCO by the member MCO ID card. Members may call the MCO to request replacement cards if needed. If a Medicaid or FAMIS member seeks services through your office, you should always ask for their MCO member ID card and plastic medical assistance card. It is the provider's responsibility to verify coverage before each visit. Individuals enrolled in MCOs will carry a card bearing the name of Amerigroup Community Care, Anthem HealthKeepers Plus, Southern Health CareNet, MajestaCare-A Health Plan of Carilion Clinic, Optima Family Care, or Virginia Premier Health Plan. All MCO ID cards include the member's Virginia Medicaid ID number.

MCO Carved-Out Services and Services that Exclude Individuals from MCO Participation

MCO Carved-Out Services

There are a few Medicaid/FAMIS covered services that are "carved-out" of the MCO contracts. For MCO enrolled individuals, coverage for carved-out services is handled through the FFS program. The Medicaid and FAMIS MCO Contracts regarding carved-out services differ. Benefits by program are described in the respective MCO contracts, available on the DMAS website at: http://dmasva.dmas.virginia.gov/Content_pgs/mc-home.aspx. These services are also highlighted in the table below.

MCO Carved-Out Service <i>These services are carved-out of the MCO contracts and are reimbursed through DMAS fee-for-service, in accordance with DMAS established coverage criteria and guidelines.</i>	Medicaid Covered	FAMIS Covered
Community Mental Health Rehabilitation Services (CMHRS) Reference Chapter IV of the CMHRS Manual at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/	Yes	Limited*
Home and Community Based Care Waiver Services	Yes	No
EPSDT Personal Care	Yes	No
Specialized Nutritional Supplements For Children Under Age 21	Yes	Yes
Early Intervention (EI) Services for children enrolled in the EI Program	Yes	Yes
School Health Services	Yes	Yes
Lead Investigations through Local Health Departments	Yes	Yes
Dental Services	Yes	Yes
*FAMIS coverage for CMHRS is limited to the following services: Intensive In-Home, Therapeutic Day Treatment (Non-Hospital Based), Mental Health Crisis Intervention, and Case Management For Children At Risk of and/or Experiencing Serious Emotional Disturbance.		

Individuals Excluded from Managed Care Participation

There are certain groups of Medicaid members who are exempt from MCO participation. These individuals will continue to be served through Medicaid's fee-for-service program and include, but are not limited to, individuals in nursing facilities, individuals currently participating in home and community based waiver programs, and individuals who have Medicare and/or other comprehensive group or individual health insurance. Additionally, there are also some Medicaid covered services that require a Medicaid MCO participant to be excluded from managed care participation. Exclusionary services include:

- Inpatient care (hospitalized) under fee-for-service coverage at the time of MCO enrollment (includes inpatient acute, psychiatric, EPSDT psychiatric, and inpatient rehabilitation settings). Individuals who are admitted as fee-for-service members, and who subsequently become enrolled with the MCO prior to discharge from an inpatient setting, will be excluded from MCO participation until after they are discharged. MCO enrollment will not occur until the first of the month following the month in which the individual is discharged. DMAS' managed care staff is notified by area hospitals at the end of each month regarding all Medicaid individuals who have not been discharged by the last day of the month. Hospitals follow the process described on the DMAS website at http://dmasva.dmas.virginia.gov/Content_atchs/mc/mc-mdl2_hsptlzd.pdf.
- Admission to a state owned mental hospital beyond the TDO timeframe.
- Admission to an approved residential level C treatment facility (under age 21 only).
- Admission to a nursing facility or hospice (in accordance with Medicaid regulations).
- Authorized services for treatment foster care case management (TFC-CM), except for foster care children in the custody of Richmond City.

Providers should continue treatment of these individuals following DMAS coverage criteria and guidelines without interruption.

Medicaid members may contact the Managed Care HelpLine at 1-800-643-2273 or find more information on Managed Care on the DMAS website at http://dmasva.dmas.virginia.gov/Content_pgs/mc-home.aspx. FAMIS members should contact FAMIS at 1-866-873-2647 for assistance with choosing an MCO.

Are You Ready for 300H Implementation?

Item #300H of the 2011 General Assembly Appropriation Act requires all providers to submit claims electronically via Electronic Data Interchange (EDI) or Direct Data Entry (DDE), and receive payments via Electronic Funds Transfer (EFT) for those services provided to Medicaid enrollees. If you are not already submitting claims electronically, please contact the EDI Helpdesk at 866-352-0766 for more information. If you do not receive your payment by EFT, please contact Provider Enrollment Services as soon as possible at 888-829-5373. The deadline for all providers to submit their claims electronically and receive payments by EFT is July 1, 2012.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at <http://dmas.kepro.org/>.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.